

L14000122957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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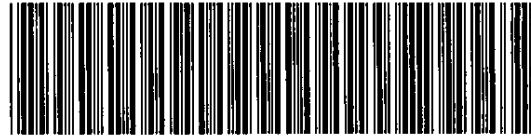
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

APR 3 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRANT KEISER CONSTRUCTION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS R. WALSER, ESQ., Personal Representative Estate of Grant Keiser

Name of Person

WALSER LAW FIRM

Firm/Company

4800 N. Federal Hwy, Suite 108D

Address

BOCA RATON, FL 33431

City/State and Zip Code

info@walserlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS R. WALSER

561 750-1040

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GRANT KEISER CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/06/2014 and assigned
Florida document number L14000122957.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4800 N. Federal Hwy, Suite 108D

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4800 N. Federal Hwy, Suite 108D

Boca Raton, FL 33431

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

THOMAS R. WALSER

New Registered Office Address:

4800 N. Federal Hwy, Suite 108D

Enter Florida street address

Boca Raton

City

Florida

33431

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF
TALAMONSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Thomas R. Walser	4800 N. Federal Hwy, Suite 108D	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please remove Grant A. Keiser as a member of this single member LLC. The LLC has no operating agreement.

Grant A. Keiser passed away on March 12, 2017.

Thomas R. Walser was appointed as personal representative of the estate of Grant A. Keiser on March 28, 2017 as shown on the attached Letters of Administration.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

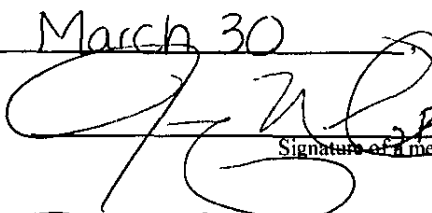
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 30, 2017.



Personal Representative of Estate of Grant A. Keiser
Signature of a member or authorized representative of a member

Thomas R. Walser, personal Representative of Estate of Grant A. Keiser
Typed or printed name of signee

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

FL

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017042022

DATE ISSUED: March 27, 2017

DECEDENT INFORMATION

STATE FILE DATE: March 16, 2017

NAME: GRANT ALAN KEISER

DATE OF DEATH: FOUND ON March 12, 2017

SEX: MALE

AGE: 052 YEARS

DATE OF BIRTH: April 8, 1964

SSN: 521-08-8507

BIRTHPLACE: LIBERTY, NEW YORK, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 3541 LAGO DE TALAVERA

LOCATION OF DEATH: WELLINGTON, PALM BEACH COUNTY, 33467

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 3541 LAGO DE TALAVERA, WELLINGTON, FLORIDA 33467, UNITED STATES

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: CONTRACTOR, CONSTRUCTION

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native-Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: BACHELORS DEGREE

CES? YES

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: CHARLES DAVID KEISER

MOTHER/PARENT: KAROL HELEN SCOTT

INFORMANT: ELIZABETH KEISER

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 25108 AVENIDA ROTELLA, VALE D STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: TREASURE COAST CREMATORY
LAKE WORTH, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: MICHAEL GUNDERUD, F042676

FUNERAL FACILITY: CREMATION SERVICES BY THE SEA F073183

1307 CENTRAL TERRACE, LAKE WORTH, FLORIDA 33460

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER MEDICAL EXAMINER CASE NUMBER: 171500360

TIME OF DEATH (24 hr): FOUND AT 0935

DATE CERTIFIED: March 15, 2017

CERTIFIER'S NAME: REBECCA MELISSA MACDOUGALL

CERTIFIER'S LICENSE NUMBER: ME110352

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

, State Registrar

REQ: 2017982185

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

IN THE CIRCUIT COURT FOR PALM BEACH
COUNTY,
FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF GRANT A. KEISER
File No. 502017CP001304XXXXSB
Division IV/Goodman

Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, GRANT A. KEISER, a resident of 3541 Lago De Talavera, Lake Worth, Florida 33467 died on March 12, 2017, owning assets in the State of Florida, and

WHEREAS, THOMAS R. WALSER, ESQ. has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate.

NOW, THEREFORE, I, the undersigned circuit judge, declare THOMAS R. WALSER, ESQ. duly qualified under the laws of the State of Florida to act as personal representative of the estate of GRANT A. KEISER, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on March 28, 2017.



STATE OF FLORIDA • PALM BEACH COUNTY

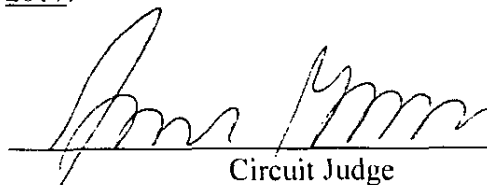
I hereby certify that the foregoing is a true copy as recorded in my office and the same is in full force and effect.

THIS 28 DAY OF March, 2017

SHARON R. BOCK
CLERK & COMPTROLLER

By

DEPUTY CLERK


Circuit Judge

Estate must be closed 12
months from the date of order